

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10-179542</i>	FILING DATE.		
						CLAIMS			
AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		IND.	IND.	IND.	IND.
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	IND.	IND.	IND.
1						51			
2						52			
3						53			
4						54			
5	<i>21</i>					55			
6	<i>10</i>					56			
7	<i>CP1</i>					57			
8	<i>10</i>					58			
9	<i>CP1</i>					59			
10	<i>AP</i>					60			
11	<i>CP1</i>					61			
12	<i>AP</i>					62			
13	<i>CP1</i>					63			
14	<i>AP</i>					64			
15						65			
16						66			
17						67			
18						68			
19						69			
20						70			
21						71			
22						72			
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36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	<i>2</i>					TOTAL IND.			
TOTAL DEP.	<i>12</i>					TOTAL DEP.			
TOTAL CLAIMS	<i>14</i>					TOTAL CLAIMS			